TOWN OF EATONVILLE

201 Center St W ● P.O. Box 309 Eatonville, WA 98328 Phone: (360) 832-3361 ● Fax: (360) 832-3977

APPLICATION FOR APPOINTMENT

I wish to be considered for appointment t	o the following comn	nittee or commission:	
Town Council Member	Plannin	g Commission Member	
Civil Service Commissioner	Lodging	g Tax Advisory Committe	
Printed Name:			
Physical Address:			
City:	State:	Zip:	
Mailing Address:			
City:	State:	Zip:	
Phone (home):	Cell #		
Email address:			
Present Employer:			
Address:	Work Phone:		
Hobbies/Interests:			
Have you previously served or are you culisted above? Yes No	rrently on one of the	Boards or Commissions	
If yes, please specify:			
Date available for appointment:			
Are you a registered voter?	Yes	No	
Political Party (Civil Service Only)			
Are you available to attend evening meet	ings? Yes	No	
Are you available to attend daytime meet	ings? Yes	No	
Approximately how many hours each mo	nth can you devote to	Town business?	

Recommended by:	
Education:	
Professional and/or community activities:	:
Please share some of your experiences or committee or commission:	qualifications that relate to the work of this
Please explain why you would like to be	part of this committee or commission:
If necessary, are you available for an inte	rview prior to appointment? Yes No
Attach additional pages if needed.	
PLEASE RETURN THIS FORM TO:	TOWN OF EATONVILLE 201 Center Street West P.O. Box 309 Eatonville, WA 98328 (360) 832-3361 (360) 832-3977 (Fax)
Signature:	Date:

You may email this form to townclerk@eatonville-wa.gov

The Town of Eatonville is an equal opportunity employer and service provider.